

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>   |                            | Docket Number<br>570024.402USPC |  |            |                         |  |       |                  |   |       |                   |  |        |                    |  |        |                   |  |        |                    |
|---|----------------------------|---------------------------------|--|------------|-------------------------|--|-------|------------------|---|-------|-------------------|--|--------|--------------------|--|--------|-------------------|--|--------|--------------------|
| Application Number 10/539,241   |                            | Filed September 5, 2007         |  |            |                         |  |       |                  |   |       |                   |  |        |                    |  |        |                   |  |        |                    |
| For pRNA CHIMERA  |                            |                                 |  |            |                         |  |       |                  |   |       |                   |  |        |                    |  |        |                   |  |        |                    |
| Art Unit<br>1635  | Examiner<br>Kimberly Chong |                                 |  |            |                         |  |       |                  |   |       |                   |  |        |                    |  |        |                   |  |        |                    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65     \$_____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245     \$_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555     <u>\$555</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865     \$_____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175     \$_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u>.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>43,058</u></p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34: _____.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____<br/>/Stephen J. Rosenman/<br/>Signature</p> <p style="text-align: center;">_____<br/>Stephen J. Rosenman, Ph.D.<br/>Typed or printed name</p> </div> <div style="width: 45%;"> <p style="text-align: center;">_____<br/>December 23, 2010<br/>Date</p> <p style="text-align: center;">_____<br/>206-622-4900<br/>Telephone Number</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</p> |                            |                                 |  | <u>Fee</u> | <u>Small Entity Fee</u> | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65     \$_____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245     \$_____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 <u>\$555</u> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865     \$_____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175     \$_____ |
|   | <u>Fee</u>                 | <u>Small Entity Fee</u>         |  |            |                         |  |       |                  |   |       |                   |  |        |                    |  |        |                   |  |        |                    |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130                      | \$65     \$_____                |  |            |                         |  |       |                  |   |       |                   |  |        |                    |  |        |                   |  |        |                    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490                      | \$245     \$_____               |  |            |                         |  |       |                  |   |       |                   |  |        |                    |  |        |                   |  |        |                    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110                     | \$555 <u>\$555</u>              |  |            |                         |  |       |                  |   |       |                   |  |        |                    |  |        |                   |  |        |                    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                     | \$865     \$_____               |  |            |                         |  |       |                  |   |       |                   |  |        |                    |  |        |                   |  |        |                    |
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